

# California Prevention Field Core Competencies

Over the past two decades, prevention evaluation, research and practitioner experience have produced vastly improved knowledge about substance use, progression to dependence, and what can be done to prevent substance abuse and its consequences. One result has been greater concern and focus on improving capacity to use this knowledge to strengthen prevention policy, programs and practices. These efforts have included support for the use of evidence-based practices (EBPs), more effective use of data in planning and decision making (e.g., *Substance Abuse & Mental Health Services Administration (SAMHSA) Strategic Prevention Framework (SPF)*), application of research, and increased attention to workforce development.

With respect to workforce development, the California Department of Alcohol and Drug Programs (ADP) has been moving toward a procedure for ensuring a minimum standard of practice for persons in professional careers in the substance abuse treatment and prevention field. Most recently, the Department has issued guidelines for certificating substance abuse treatment counselors and clinical supervisors. This brief introduces ADP's intentions to support a minimum standard of practice (core competencies) for prevention.

Over approximately the next year, ADP will be implementing two major steps in this initiative.

- ***Promoting Core Competencies for California Substance Abuse Prevention Workers.*** Through review and discussion of SAMHSA guidance, commentary from the California prevention community, and review of national and state trends, it has become clear that California needs to establish a set of core competencies for prevention workers. For reasons that will be articulated in this paper, California will be using a core competencies approach as developed by the International Certification and Reciprocity Consortium (IC&RC). Attachment A presents a specific list of these core competencies. During the period of introduction of the core competencies, ADP will be identifying, developing and disseminating support materials and technical assistance concerning the core competencies. **Please note that this effort is focused strictly on developing core competencies – not establishing certification.**
- ***Input from the California Prevention Community.*** Over the coming months we will be actively engaging the California prevention community to request their ideas and assistance on the best ways to implement core competencies. In particular, ADP will want input on the scope of application of core competencies with respect to the full range of prevention workers (e.g., for whom are core competencies important?).

The remainder of this brief provides information on several questions that will introduce the need for this initiative, why IC&RC's core competencies standards have been selected, and how they will benefit California and the prevention community.

## WHY DO THIS NOW?

The misuse and abuse of alcohol and other drugs (AOD) continues to be a significant burden for individuals, families, communities, and health, social service, and law enforcement organizations. Despite important advances in EBPs, relevant knowledge and skills are insufficiently disseminated to, and understood by front-line workers and prevention providers. High staff turn-over rates, lack of a formal certification process and non/or inadequately focused trainings all contribute to this problem. To strengthen the prevention workforce, ADP engaged in a thorough review of different options and selected the core competencies structure developed by the IC&RC. Establishing core competencies will provide focus for ensuring best prevention practices are known, implemented and used by the prevention field. The need for competencies has been clearly identified in California; steps taken in this direction include the following:

- Beginning in 1998 the California Prevention Collaborative developed objectives, one of which was workforce development that described key content areas with related skills and competencies.
- Prior to 2007, the Department engaged in several efforts aimed at defining core competencies and standards with input from the Center for Substance Abuse Prevention (CSAP) technical assistance (TA) contractor.
- Goal 11 of the ADP 2006-08 Strategic Plan clearly states that the state will:  
  
“Ensure that primary prevention service providers and staff meet specific core competency requirements and increase AOD program counselor’s capabilities.”  
  
Goals in the plan also addressed the need for knowledge and skill development essential for effectively managing prevention programs or for effectively delivering prevention services.
- The California Prevention Collaborative’s Principles of Effective Prevention, adopted by the County Alcohol and Drug Program Administrators’ Association of California (CADPAAC) in September 2007, endorsed the need for core competencies. Principle 7 states that effective prevention activities “adhere to core competencies and are tailored to the community served.”

Despite a decade of thoughtful consideration, California still has no established framework concerning the necessary skills and proficiencies for individuals working in prevention. The nation is moving forward with workforce development; it is among the top ten priorities of a primary federal funding agency, SAMHSA. Other states have moved ahead on this foundation for improving prevention practice. Widely used and carefully developed competencies are available to meet California needs, and it is time to implement this important support for California and its prevention community.

## **WHAT ARE PREVENTION CORE COMPETENCIES AND WHY ARE THEY IMPORTANT?**

AOD prevention is a broad field, encompassing multiple theories, strategies and approaches. Over the past two decades, frameworks for organizing, categorizing and showing relationships between competing perspectives have been developed.

- An important distinction has been made between prevention at the individual level (e.g., protective factors, resiliency, youth development) and a population level perspective using community, public policy, or environmental approaches.
- Another important advance has been the adoption of a continuum of services approach as embodied by the Institute of Medicine's (IOM) model and the Department's Continuum of Services System Re-Engineering (COSSR). Both IOM and COSSR organizes distinctions between prevention approaches designed to address populations at three different levels of increasing risk for dependence and abuse – universal, selective and indicated and gradations in the provision of treatment and recovery services.

This diversity of approaches, strategies and programs is important because each makes an important contribution to comprehensive prevention strategies that meet the needs of the full community. However, it is also a challenge, making it difficult to create a single set of competencies appropriate for all individuals involved with AOD prevention. This approach ensures that professionals have capacity to effectively select and implement from this growing set of useful options for prevention policy, program and practice.

As defined by the National Commission for Certifying Agencies (NCCA), core competencies delineate the performance domains and tasks and associated knowledge and/or skills required to perform a job classification. Developing core competencies involves several steps to specify a set of knowledge, skills, and abilities (KSAs) required to successfully qualify for a job classification. Developing core competencies that meet NCCA standards is a careful, time consuming, and rigorous process.

It has been increasingly recognized that effective implementation and management of prevention programs requires an educated and skilled workforce, including both managers and prevention providers at the line worker level. The ADP Strategic Plan Goals addressed program managers and the needs of the larger prevention workforce. It requires a comprehensive definition of core competencies that can cover the broad set of KSA's relevant to the full prevention field, and KSAs relevant to managers and providers.

## **WHY THE IC&RC FRAMEWORK FOR PREVENTION?**

The IC&RC is a not-for-profit voluntary member organization that establishes international standards of practice in addiction counseling, prevention and clinical supervision through the development of core competencies and a testing and credentialing process for the workforce. Most recently in 2007, the IC&RC established new core competencies and an examination for prevention specialists.

The recommendation to initiate the promotion of California core competencies aligned with the existing IC&RC core competencies is partly based on their comprehensive scope that includes competencies and KSAs for the full prevention workforce. The process begins with the development of a categorical framework aligning the various work related tasks and KSAs into a meaningful classification.<sup>1</sup> This preliminary framework of content areas for a job position is typically based on a careful assessment process involving input from professional experts in the field. IC&RC makes periodic revisions of the core competencies to ensure current practices and knowledge are included. Clearly, the first issue of concern in developing core competencies is to map out an approach to ensure: **1)** appropriate individuals are involved, and **2)** a rigorous, science-based validation process is utilized. In both regards, the IC&RC adhered to the exacting process as delineated by the NCCA, the national certifying entity. Thus, the IC&RC core competencies meet the needs of California's proposed workforce development standards, are widely used, and meet the highest industry standards.

### **WHAT ARE THE ADVANTAGES OF ADOPTING THE IC&RC FRAMEWORK?**

ADP and the prevention field have long recognized there is a need to move forward with a set of core competencies for the State's prevention workforce. The IC&RC framework provides a credible framework to move this process forward.

There are a number of advantages for California to adopt the IC&RC as a basis for core competencies. They are:

1. ***Comprehensiveness*** – The IC&RC represents a comprehensive assessment of the domains, task areas and KSAs required of a prevention worker, including cultural competency skills. It is very unlikely that *substantially different* competencies would emerge from a protracted and expensive new core competency development process. The substantial time and resources that would be saved could be used to promote the core competencies in the field, and to expedite implementation.
2. ***Represents a National Standard*** – For more than a decade the IC&RC has established itself as the national standard defining core competencies for the prevention workforce. It has developed standard core competencies for this workforce that has been adopted by nearly 40 states. Having recognized standards provides greater specificity in job statements for positions in the field and a shared basic understanding of prevention across the state system. Given current national attention on core competencies for the prevention field, it is a matter of time before requirements specifying this level of workforce readiness begin to appear in federal contracts and grants.
3. ***Training/Support Materials in Place*** – Through the ADP TA and training structure, materials, workshops and even online trainings oriented specifically to meeting the needs of California's prevention workforce can immediately be implemented within the calendar year.

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<sup>1</sup> This document makes reference to IC&RC Domains, Task Areas, and KSAs. A domain is generally the highest level description used in categorizing the various work related Tasks associated with a job position. KSAs refer to the specific set of knowledge, skills and abilities needed to perform the Task Area, and by inference, the Domain area.

4. *Available/Accessible for the California Prevention Field* – Should a decision to move to a formal certification process occur, an infrastructure exists in California to support prevention workers with their certification process. The California Certification Board of Alcohol and Drug Abuse Counselors (CCBADs) is the authorized agency for individuals interested in applying for IC&RC certification.
- *Reciprocity* – Individuals who meet the certification requirements of the IC&RC (which includes securing a passing score on the exam) are automatically granted acceptance of the work possibilities in other states, without repeating the process. Over time, this process of reciprocity assures a standardized and knowledgeable workforce throughout the country.
  - *Testing Process in Place* – Adopting the IC&RC provides immediate access to their certification process, including the exam. This is an important consideration given the process required to develop and implement a testing process that adheres to national certification standards (NCCA Standards and the Joint Standards). Establishing a validated new test (certification) is a costly and time consuming process.

#### **WHAT ARE THE NEXT STEPS?**

Clearly, the prevention field is moving closer to a national set of standards for its prevention workers. The IC&RC is increasingly being adopted, and in many states, mandated for individuals providing prevention services. As stated previously, there are multiple reasons the Department considered adopting the IC&RC qualifications for California's prevention workforce. This document represents the first step in the process of acquainting the prevention field with the intended use of the IC&RC list of core competencies (see Attachment A).

The Department has requested that their TA and training provider, the Center for Applied Research Solutions (CARS), Inc. begin the process of aligning all current training programs to the IC&RC domain classification. The Department is committed to offering five broad training courses, one for each of the domain areas, to the field. The training series will be developed and field-tested in 2010, and will be fully available in 2011.

The next phase in implementing worker core competencies will require the collaboration of a broad cross-section of prevention practitioners across California. The Department will be requesting input from the field on such issues as mapping the core competencies onto the diverse worker positions in California's prevention system.

In summary, this is an exciting development in the advancement of prevention in California. ADP has been exploring ways of meeting the need for strengthening the California prevention workforce for years, and that careful effort is coming to fruition. The IC&RC provides core competencies well suited to California's needs, and compatible with our policy emphases and training capacity.

## **ATTACHMENT A**

### **IC&RC Core Competencies**

#### **Domain 1: Planning and Evaluation**

- 1.1** Use needs assessment strategies to gather relevant data for ATOD prevention planning.
- 1.2** Identify gaps and prioritize needs based on the assessment of community conditions.
- 1.3** Select prevention strategies, programs, and best practices to meet the identified needs of the community.
- 1.4** Develop an ATOD prevention plan based on research and theory that addresses community needs and desired outcomes.
- 1.5** Identify resources to sustain prevention activities.
- 1.6** Identify appropriate ATOD prevention program evaluation strategies.
- 1.7** Conduct evaluation activities to document program implementation and effectiveness.
- 1.8** Use evaluation findings to determine whether and how to adapt ATOD prevention strategies.

*In order to perform the tasks identified in Domain 1 professionals will have to possess the following knowledge, skills, and/or abilities.*

- a.** Knowledge of information gathering techniques and data sources.
- b.** Ability to collect, organize and interpret data.
- c.** Knowledge of strategic planning processes.
- d.** Ability to conduct strategic planning activities.
- e.** Knowledge of current ATOD prevention program best practices logic-models and the continuum of care.
- f.** Knowledge of the components of effective ATOD prevention program planning.
- g.** Ability to develop effective, outcome focused ATOD prevention programming.
- h.** Knowledge of financial and non-financial resources.
- i.** Ability to access financial and non-financial resources.
- j.** Knowledge of ATOD prevention program evaluation instruments/models.
- k.** Ability to participate in ATOD prevention program evaluation activities.
- l.** Ability to interpret and apply ATOD prevention program evaluation findings.
- m.** Knowledge of and ability to demonstrate effective written and interpersonal communication skills.

#### **Domain 2: Education and Skill Development**

- 2.1** Develop ATOD prevention education and skill development activities based on target audience analysis.
- 2.2** Connect prevention theory and practice to implement effective prevention education and skill development activities.
- 2.3** Maintain program fidelity when implementing evidence-based programs.
- 2.4** Assure that ATOD education and skill activities are appropriate to the culture of the community being served.
- 2.5** Use appropriate instructional strategies to meet the needs of the target audience.
- 2.6** Ensure all ATOD prevention education and skill development programs provide accurate, relevant, timely, and appropriate content information.
- 2.7** Identify, adapt, or develop instructor and participant materials for use when implementing ATOD prevention activities.
- 2.8** Provide professionals in related fields with accurate, relevant, timely, and appropriate ATOD prevention information.

- 2.9** Provide technical assistance to community members and organizations regarding ATOD prevention strategies and best practices.

*In order to perform the tasks identified in Domain 2, professionals will have to possess the following knowledge, skills, and/or abilities.*

- a. Knowledge of information gathering techniques and data sources.
- b. Ability to collect, organize and interpret data.
- c. Knowledge of current ATOD prevention program best practices, models, and the continuum of care.
- d. Knowledge of current ATOD theory and models.
- e. Ability to synthesize ATOD prevention and ATOD theory models to develop education and skill development programs.
- f. Ability to maintain program fidelity when modifying and/or implementing evidence based programs.
- g. Knowledge of accurate and timely ATOD content resources for instructional programming.
- h. Knowledge of copyright issues.
- i. Ability to obtain copyright permission prior to implementing copyrighted materials/content.
- j. Knowledge of adult learning styles, instructional strategies, and presentation methods.
- k. Ability to develop, modify, or implement instructional materials.
- l. Knowledge of training and group facilitation techniques.
- m. Knowledge of group processes (consensus building, conflict resolution, etc.).
- n. Knowledge of cultural diversity.
- o. Ability to demonstrate cultural competence and sensitivity.
- p. Ability to implement educational/skill building programs and facilitate group processes.
- q. Knowledge of training evaluation models, instruments and processes.
- r. Ability to interpret evaluation data and revise programming as necessary.
- s. Knowledge of the policies, procedures, and legal/programmatic limitations that guide the practice of related professions.
- t. Knowledge of interagency dynamics and/or power relationships within the community, agency or institution and their impact on the intended audience.
- u. Ability to successfully work within existing organizational and community structures.
- v. Knowledge of and ability to demonstrate effective written and interpersonal communication skills.

### **Domain 3: Community Organization**

- 3.1** Identify the community's demographic characteristics and core values.
- 3.2** Identify key community leaders to ensure diverse representation in ATOD prevention programming activities.
- 3.3** Build community ownership of ATOD prevention programs by collaborating with key community leaders/members when planning, implementing and evaluating prevention activities.
- 3.4** Provide technical assistance to community members/leaders in implementing ATOD prevention activities.
- 3.5** Develop capacity within the community by recruiting, training, and mentoring ATOD prevention-focused volunteers.
- 3.6** Assist in creating and sustaining community-based coalitions.

*In order to perform the tasks identified in Domain 3, professionals will have to possess the following knowledge, skills, and/or abilities.*

- a. Knowledge of information gathering techniques and data sources.
- b. Ability to collect, organize and interpret data.

- c. Knowledge of cultural diversity.
- d. Ability to demonstrate cultural competence and sensitivity.
- e. Knowledge of group processes (consensus building, conflict resolution, etc.).
- f. Ability to facilitate group processes.
- g. Knowledge of intercommunity organizational structures and patterns of communication.
- h. Knowledge of informal and formal power systems.
- i. Ability to work successfully within existing community structures and norms.
- j. Ability to identify current and emerging community leaders.
- k. Knowledge of capacity-building strategies.
- l. Ability to implement capacity-building strategies among diverse groups.
- m. Knowledge of training and group facilitation techniques.
- n. Ability to train, mentor, and organize community groups, volunteers, etc.
- o. Understanding of the role of community ownership.
- p. Ability to foster community ownership of ATOD prevention programs.
- q. Ability to transfer ownership of ATOD prevention programs to the community.
- r. Knowledge of and ability to demonstrate effective written and interpersonal communication skills.

#### **Domain 4: Public Policy and Environmental Change**

- 4.1 Examine the community's public policies and norms to determine environmental change needs.
- 4.2 Make recommendations to policy makers/stakeholders that will positively influence the community's public policies and norms.
- 4.3 Provide technical assistance, training and consultation that promote environmental change.
- 4.4 Participate in public policy development and enforcement initiatives to affect environmental change.
- 4.5 Use media strategies to enhance prevention efforts in the community.

*In order to perform the tasks identified in Domain 4, professionals will have to possess the following knowledge, skills, and/or abilities.*

- a. Knowledge of information gathering techniques and data sources.
- b. Ability to collect, organize, and interpret data.
- c. Ability to analyze and evaluate data against a standard.
- d. Knowledge of effective social marketing strategies.
- e. Ability to design, develop, and implement social marketing strategies.
- f. Knowledge of effective ATOD prevention policies.
- g. Ability to effectively communicate ATOD prevention policies to decision makers.
- h. Knowledge of environmental change strategies.
- i. Ability to implement environmental change strategies.
- j. Knowledge of political processes.
- k. Ability to work successfully within local political systems.
- l. Knowledge of group processes (consensus building, conflict resolution, etc.).
- m. Ability to facilitate group processes.
- n. Knowledge of and ability to demonstrate effective written and interpersonal communication skills.

#### **Domain 5: Professional Growth and Responsibility**

- 5.1 Maintain personal knowledge, skills, and abilities related to current ATOD prevention theory and practice.
- 5.2 Network with others to develop personal and professional relationships.
- 5.3 Adhere to all legal, professional, and ethical standards.



**5.4** Build skills necessary for effectively working within the cultural context of the community.

**5.5** Demonstrate self-care consistent with ATOD prevention messages.

*In order to perform the tasks identified in Domain 5, professionals will have to possess the following knowledge, skills, and/or abilities.*

- a. Knowledge of resources for on-going education, training and professional development related to ATOD issues.
- b. Knowledge of professional associations and organizations.
- c. Ability to apply new ATOD knowledge to professional and personal activities.
- d. Knowledge of group processes (consensus building, conflict resolution, etc.).
- e. Ability to facilitate group processes.
- f. Knowledge of federal and local confidentiality laws.
- g. Knowledge for professional codes of conduct/ethics.
- h. Knowledge of recipient rights and informed consent.
- i. Ability to demonstrate ethical decision-making.
- j. Knowledge of cultural diversity.
- k. Ability to demonstrate cultural competence and sensitivity.
- l. Knowledge of stress reduction, time management, and healthy living techniques.
- m. Ability to demonstrate personal use of stress reduction, time management, and health living techniques.
- n. Knowledge of personal biases, beliefs, limitations, and cultural assumptions.
- o. Ability to perform as a prevention specialist when personal issues differ with professional issues.
- p. Knowledge of and ability to demonstrate effective written and interpersonal communication skills.